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Raymond A. Joao

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 09/987,226

FILED : NOVEMBER 14, 2001

FOR : APPARATUS AND METHOD FOR PROCESSING AND/OR FOR PROVIDING HEALTHCARE INFORMATION AND/OR HEALTHCARE-RELATED INFORMATION

EXAMINER : L. NAJARIAN

GROUP : 3626

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

10/24/2007 (NEGA) 00000004 09987226

RI 5011356

100.00 UP

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.97 and §1.98, Applicant respectfully requests that the documents listed on the attached INFORMATION DISCLOSURE STATEMENT BY APPLICANT forms (Substitute for form 1449/PTO) (8 pages) be made of record and be considered in connection with the examination of this

application. A copy of the non-patent reference, cited on page 8 of 8, is submitted herewith.

A Credit Card Payment Form for \$180.00, for payment of the required fee for this Information Disclosure Statement, is submitted herewith. A Fee Transmittal Sheet (in duplicate) is also submitted herewith.

Entry of this Information Disclosure Statement is respectfully requested.

Respectfully Submitted,



Raymond A. Joao
Reg. No. 35,907

Encls.: - INFORMATION DISCLOSURE STATEMENT BY APPLICANT forms (Substitute for form 1449/PTO) (8 pages);
- Copy of non-patent reference cited on page 8 of 8;
- Credit Card Payment Form for payment \$180.00 for the required fee;
- Fee Transmittal Sheet (in duplicate) for the payment of the fee; and
- Return Receipt Postcard

October 22, 2007

Raymond A. Joao, Esq.
122 Bellevue Place
Yonkers, New York 10703
(914) 969-2992

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)180.00**Complete if Known**

Application Number	<u>09/987,226</u>
Filing Date	<u>NOVEMBER 14, 2001</u>
First Named Inventor	<u>RAYMOND A. JOAO</u>
Examiner Name	<u>L. NAJARIAN</u>
Art Unit	<u>3626</u>
Attorney Docket No.	<u>RJ371</u>

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE \$180.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,907	Telephone 914-969-2992
Name (Print/Type)	RAYMOND A. JOAO		Date 10/22/07	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.